# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction (	Suide explains how to co	mplete this form.		4
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Naushad	MI	OFFICE USE ONLY
	NICKNAME	LAST Kermally	SUFFIX	JAN 14 2000
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; A	PT / SUITE #;	CITY: STATE; ZIP CODE	OFFICE OF CITY SECRE
Change of Address  CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE P	HONE NUMBER	EXTENSION	Date Hand delivered or Date Professional
CAMPAIGN TREASURER NAME	MS / MRS / MR  Mr.  NICKNAME	Nimesh LAST Patel	M!	Receipt # Amount \$  Date Processed  Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO	BOX PLEASE); APT /	SUITE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PH	ONE NUMBER	EXTENSION	
REPORT TYPE	X January 15 July 15	30th day before 8th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	07 / 0°	Day Year 2019	THROUGH 12	Day Year 2019
ELECTION	00 00	/ear Primary	Description	
OFFICE	_	City Council,	13 OFFICE SOUGHT (if known	)
		go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Kermally, N	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ				
	2. TOTAL (OTHER	\$ 2,000.00				
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 0				
	4. TOTAL	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL P	DAY \$ 2,009.06				
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	* 5,000.00				
18 AFFIDAVIT						
No My	SARAI CEBOLLERO stary ID # 10714756 Commission Expire December 10, 2020	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me			
AFFIX NOTARY STAME	P/SEALABOVE					
Sworn to and subser	ihed hefore me. h	y the said Naushad Kermally	, this the 13			
$\sim$	2 2	o certify which, witness my hand and seal of office.	, unsure 1			
Sarai Cita	llus	Sarai Coballero	Notaru			
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	COVER	SHEET PG 3		
19 FILER NAME Kermally, Naushad	ommission Filers)			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FR	UNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL RETURNED TO FILER	JTIONS	\$		

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kermally, Naushad 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Jay Luchun \$ 2,000.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.